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SUPPORTING FAMILY MEMBERS TO RESPOND TO CHANGE RESISTANT DRINKERS

THE BLUE LIGHT FAMILY PROJECT

THE TOOLKIT

May 2017

CONTENTS

PART 1 BACKGROUND AND RATIONALE

1.1 AIMS AND OBJECTIVES

- I have a family member who is drinking and doesn't want help: what can I do?

Millions of family members seek the answer to this question. Whether you are an alcohol specialist, social worker, GP, police officer or housing worker you may well have faced this challenge.

Answers have tended to start by recognising that families cannot make someone change. This is true but, as a result, the focus often moves to the family members:

- how can they look after themselves?
- should the family separate themselves from the drinker, either physically or emotionally?

This is important, but it is an incomplete response. It does not start where the family is; their question is: what can we do to help the drinker?

Most family members do not wish to, or simply do not, separate themselves.

Many will not live with the drinker but are "caring at a distance"; therefore, separation is less relevant.

Above all:

- While people may not be able to be able to make someone change they can positively influence the person.

Adfam and Alcohol Concern believe that, in an environment of limited resources, as much use as possible should be made of family support:

Well-supported family members represent a huge untapped resource for promoting change among problem drinkers, including the prevention of health harm.

Adfam and Alcohol Concern have developed a toolkit consisting of 14 resources and a training course which will support services to help family members make a difference.

1.2 WHO IS THIS TOOLKIT FOR?

This toolkit is aimed at two groups of workers, both of whom will encounter the family members of drinkers:

- Specialist alcohol workers (and those who work with the family members of drinkers)
- Generic workers who encounter the public in health, social care, housing, criminal justice and family services.

The 14 resources are for use by either or both of these groups and the specific target is indicated in section 2 and in the introduction before each resource. The training course at the end of the document is designed for use by specialist alcohol trainers with an audience from generic services. More detail on the targeting of this course is in its introduction.

1.3 METHODOLOGY

This toolkit is built on widespread consultation. Its development brought together local authorities and service providers in 16 areas who have each contributed to a central pot to fund this development. The materials draw on workshops and discussions with providers and families as well as wider research and consultation.

1.4 BACKGROUND – THE BLUE LIGHT PROJECT

The background to this toolkit is Alcohol Concern's Blue Light project[1]. This is a national initiative to develop alternative approaches and care pathways for change resistant drinkers who place a burden on public services. It has challenged the traditional approach that nothing can be done for drinkers who do not want to change by showing that there are positive strategies that can be used with this client group. The project has developed:

- Tools for understanding why clients may not engage
- Risk assessment tools which are appropriate for drinkers
- Harm reduction techniques workers can use
- Advice on crucial nutritional approaches which can reduce alcohol related harm
- Questions to help non-clinicians identify potential serious health problems and deliver enhanced personalised education
- Management frameworks
- Guidance on legal frameworks

Above all it offers a fundamental positive message that action is possible.

However, the single biggest gap in the work so far has been the need for tools to help family members reduce harm and motivate change in the drinkers they care for, while keeping themselves safe. This toolkit fills that gap.

1.5 A WORD ON THE FOCUS

This toolkit focuses on how families can be a positive resource, but it does not change the need to ensure that families also have the support they need. Adfam has already produced a number of guidance documents on providing support which should be considered alongside this toolkit. These are available online[2].

The toolkit does not focus on under 18s. The needs of both young carers and young drinkers are significant; however, their care is covered by a different legislative framework and we would not advocate young people taking on the "support" role described in this toolkit (although this happens all too often).

[1] Please see www.alcoholconcern.org.uk/wp-content/uploads/2015/01/Alcohol-Concern-Blue-Light-Project-Manual.pdf

[2] Please see www.Adfam.org.uk/professionals/reference_and_research/resource_library

1.6 TERMINOLOGY

We use the terms families and family members throughout to avoid the more cumbersome families and carers. Nonetheless, this toolkit is targeted at work with family members and informal carers (e.g. friends or neighbours) of problem drinkers.

Some families identify readily with the term 'carer', and many do fulfil a easily recognisable caring role. However many resist the idea that they are caring for their loved one, and see themselves as simply fulfilling the role any loving family member would.

1.7 WHO ARE THE FAMILY MEMBERS?

During each local workshop we undertook a case study exercise. We asked participants to give examples of families that they had worked with locally. We sought both cases that ended successfully and those where problems continued. The main purpose of this exercise was to throw light on the local care pathway. However, as the project progressed Alcohol Concern and Adfam realised that the case studies provided a picture of the relationships of the people who are seeking help for a loved one: i.e. who the families are.

Husbands and wives or other intimate partners were less than one third (21) of the 73 case studies. 40 (55%) were parents caring for a drinking adult son or daughter.

RELATIONSHIP	NUMBER OF CASE STUDIES
Parent(s) caring for drinking adult son or daughter	40
Partners or husband / wife caring	21
Adult child caring for drinking parent	8
Other (grandparent - grandchild / siblings)	4

This data suggests that social changes are bearing on caring. Perhaps women may now be less willing to stay with a frequently intoxicated partner and economic factors may mean that single adults are less able to afford their own accommodation and end up relying on parents.

This is speculation. The importance of this data is that it underlines the need for the approaches being advocated in this project. It is possible that parents will find it far harder to disengage from their children than any other family member. The idea of a loving withdrawal, of not supporting the drinker, will be much harder for a parent to implement with their child. Therefore, approaches which support family members to identify risk to themselves, reduce harm to the drinker and increase motivation are of even greater importance.

NB: The same review identified that 50 of the 73 case studies (68.5%) concerned female family members and in only seven cases was the family member a male. (In the other cases the family members were parents.)

1.8 ACKNOWLEDGEMENTS

The authors would like to thank the very many people who have contributed to this work. In particular, gratitude is due to the hundreds of people who attended the workshops. Special thanks are due to the family members who attended. We are grateful to: Claire Robinson and her staff at PROPS in Newcastle & North Tyneside; Richard McVey and his staff at Aquarius in Derby; Lifeline in Nottingham; and Carers in Hertfordshire for the specific, extra support they gave us. Lastly, we would like to thank Iain Armstrong, Don Lavoie, Clive Henn, Julie Daneshyar, and their colleagues at Public Health England for their moral support and early discussions.

PART 2 THE TOOLKIT

2.1 USING THIS TOOLKIT

This toolkit contains three types of material:

- **leaflets and a poster** giving guidance to workers on how to engage and help family members
- **themed checklists** that workers can use to guide their interventions with families
- **leaflets and a poster** that can be used with, or given to, family members.

Sections 2.2-2.4 describe the resources in more detail and give an overview of how and where these can be used. Each resource is preceded by specific guidance on use. The resources are identified by pink titles.

In addition, the toolkit provides a training course for workers that brings all the materials and themes together. It is expected that this course will be used by training staff from specialist alcohol and family services to train generic workers. However, practice development leads in a range of agencies may find it useful.

2.2 GUIDANCE FOR WORKERS ON HOW TO WORK WITH FAMILY MEMBERS

These are not materials to be shared with the family. They are for managers and practice development leads to use to remind staff of the importance of thinking family. These cover:

Resource 1 - Specialist alcohol services need to Think family (leaflet and poster)
• Target: specialist alcohol service staff
Resource 2 - Think alcohol: Think family
• Target: non-alcohol specialist service staff
Resource 14 - Think about the older family member
• Target: all staff

All three resources can be:

- distributed to all workers in a relevant agency and discussed at a team meeting / supervision
- part of worker induction.

The poster can be:

- put up in staff areas of alcohol services.

Specialist services can:

- use the leaflet in training targeting non-specialist staff
- put the leaflet for non-specialist services on their website if they have a section targeting non-specialist staff.

2.3 CHECKLISTS THAT WORKERS CAN USE TO GUIDE THEIR INTERVENTIONS

These support any worker, specialist or non-specialist, undertaking an intervention with a family member by providing checklists to remind them of themes to be covered. It is possible to share these with the families but that is not their main purpose.

- Resource 7 - Identifying barriers to change
- Resource 9 - Thinking about risk to the families
- Resource 10 - Is the drinker at risk?
- Resource 11 - How can we reduce harm?

These could be:

- distributed to workers in agencies that will work with the families of problem drinkers
- part of training by specialist services to non-specialist services
- be on a specialist alcohol agency's website if they have a section targeting non-specialist staff.

2.4 LEAFLETS THAT CAN BE USED WITH / GIVEN TO FAMILY MEMBERS

These materials directly target the family member by offering information on a particular theme. It would be possible for the family to share some of these with the drinker but that is not the main purpose of these tools. These are for use in both alcohol specialist and non-specialist services.

- Resource 3 - Engaging more distant family members (leaflet and poster)
- Resource 4 - Information for families about the physical effects of alcohol
- Resource 5 - Understanding and supporting someone through detoxification
- Resource 6 - Understanding liver function tests
- Resource 8 - Things to say and not to say for family members
- Resource 12 - Motivating someone to change their drinking
- Resource 13 - Am I enabling my loved one to drink?

With the exception of Resource 3 all of these are most appropriate for supporting a worker's intervention. They will be either given (e.g. resource 5 and 6) at a particular point in a process or will support discussions (e.g. resource 8 and 11) on a particular theme.

Resource 3 is for distribution (as a leaflet or poster) to the public in e.g. waiting rooms, libraries, on stalls at public health fairs or on agency websites.

RESOURCE 1 SPECIALIST ALCOHOL SERVICES NEED TO THINK FAMILY

RATIONALE

Evidence exists that family involvement in care planning can help improve engagement and increase the likelihood that a care plan will succeed. For example, NICE clinical guideline 115[3] recommends encouraging families to be involved in the treatment and care of people who misuse alcohol to help support and maintain positive change.

THE RESOURCES

- One leaflet for specialist alcohol workers (1 page A4).
- One poster aimed at workers in alcohol services to remind them to think family (1 page A4 but can be copied to any size).

POTENTIAL USE

The leaflet could be:

- distributed to all workers and discussed at a team meeting / supervision session
- part of worker induction
- incorporated into policies and procedures.

The poster could be:

- put up in staff areas of alcohol services. It is not aimed at the public.

[3] Available at www.nice.org.uk/guidance/cg115

SPECIALIST ALCOHOL SERVICES NEED TO THINK FAMILY

NICE clinical guideline 115 recommends encouraging families to be involved in the treatment and care of people who misuse alcohol. This will help support and maintain positive change.

Some problem drinkers are isolated individuals, but most are not. The majority have some family contact even if that person lives separately or at a distance.

- Family can be an important resource in tackling alcohol related harm.
- Family involvement in care planning can improve engagement and increase the likelihood of positive outcomes.

  Supporting family can alter family dynamics and encourage change.

Involving family is not an add-on; they are not simply victims or a "plus one" they are central to engagement, motivation and support.

Ask yourself:

- Do I believe in the benefit of engaging family members?
- Do I consistently ask all clients about their close and more distant family?
- Do I persistently seek consent to involve and share information with the family?
- Do I explain to drinkers the benefits of family involvement?
- Do I encourage family to seek help via Al-Anon (www.al-anonuk.org.uk) or local family services?

Do your assessments ask about family, including whether they:

- Are vulnerable or at risk from the drinker or other people?
- Have their own alcohol or drug related needs?
- Are receiving adequate support?

You also need to think about risk to the drinker:

- a minority of family members may be subverting the drinker's efforts to change or even abusing and exploiting him or her.

Remember – thinking about the family is an important part of helping the drinker.

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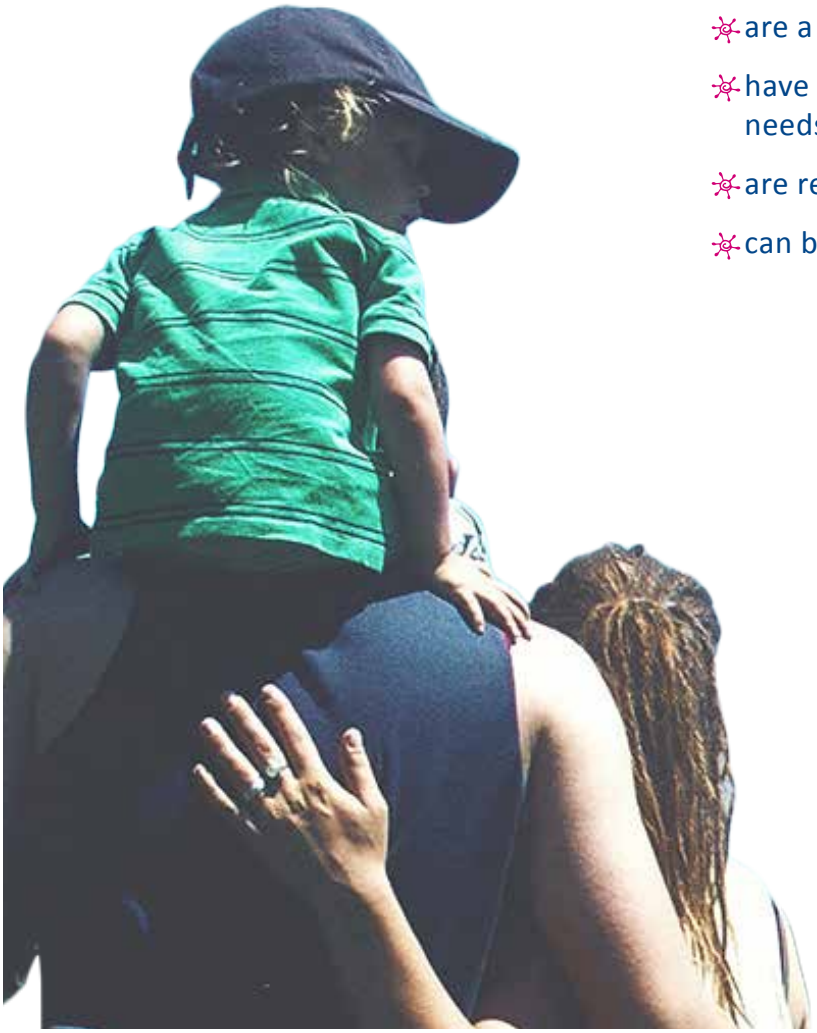
ALCOHOL WORKERS NEED TO: THINK FAMILY

Most problem drinkers have some family contact:

- Family are an important resource in tackling alcohol related harm.
- Family involvement in care planning can improve engagement and outcomes.
- Supporting family can alter family dynamics and encourage change.



Family are not an add-on; they are not simply victims or a "plus one" they are central to engagement, motivation and support.

Do your assessments always ask about family, including whether they:

- are vulnerable or at risk from the drinker or other people?
- are a risk to the drinker?
- have their own alcohol or drug related needs?
- are receiving adequate support?
- can be involved in the care process?

Remember – thinking about the family is an important part of helping the drinker.

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RESOURCE 2 THINK ALCOHOL: THINK FAMILY LEAFLET FOR NON-ALCOHOL SPECIALIST WORKERS

RATIONALE

If alcohol related harm is to be tackled, then non-alcohol specialist services need to "think alcohol". They need to be identifying problem drinkers at the earliest possible point. This is government policy, (e.g. it is advocated in NICE Public Health Guidance 24) and it is built around encouraging generic services to use the AUDIT screening tool.

If families are to be identified, then generic workers will also need to "think family" and ask appropriate questions:

- When working with any client, workers should be aware of the possibility that they may have a loved one with an alcohol problem.

Resource 2 is a leaflet that helps workers undertake both these tasks.

THE RESOURCE

- One leaflet for non-alcohol specialist workers who work in health, social care, criminal justice and housing settings including generic family services (1 double sided A4 sheet with a threefold front and AUDIT printed full page on rear).

POTENTIAL USE

This resource could be:

- distributed to all workers and discussed at a team meeting / supervision session
- part of worker induction
- incorporated into policies and procedures.

Specialist services can:

- use the leaflet in training targeting non-specialist staff
- put the leaflet for non-specialist services on their website, if they have a section targeting non-specialist staff.

NB. More information on the AUDIT tool and giving brief advice can be found in the original Blue Light project manual.

www.alcoholconcern.org.uk/wp-content/uploads/2015/01/Alcohol-Concern-Blue-Light-Project-Manual.pdf

or

www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/

The best way to identify harmful drinking is by using the AUDIT screening tool overleaf.

- People scoring 7 or less on AUDIT should be given praise for their lifestyle choices
- Those scoring between 8 and 19 should be given brief advice to change their drinking
- Those scoring 20+ should be referred to specialist alcohol services.

However, AUDIT is also an opportunity to: ***Think family…***

The majority of problem drinkers have some family or carer contact even if that person lives separately or at a distance.

The family of problem drinkers may have significant practical and emotional needs and/or be at risk.

You should:

- Routinely ask whether alcohol misuse is a problem for clients and those around them.
- Consider repeating the enquiries over a period of time to allow someone to trust you enough to open up.
- Provide information about services that support 'concerned others' e.g. Al-Anon (www.al-anonuk.org.uk).
- Consider whether the family members are at risk from the drinker. If so, risk management strategies need to be considered.

Family members can also be a huge support to people changing their drinking. They should be encouraged to involve themselves in helping the drinker.

AUDIT Question 9 and Question 10 offer the opportunity to talk about the family.

In question 9, if a family member has been injured, you should:

- Establish who has been hurt and how.
- Find out whether their loved one has their own alcohol problems.
- Think about safeguarding issues if children or vulnerable adults are involved.
- Ask whether the family member is accessing any support.

If your client has been injured:

- Establish whether this was as a result of the actions of a family member.

In Question 10, if a relative or friend is concerned you should:

- Ask who and what their concerns are.
- Explain the benefits of positive family support for your client.
- Encourage your client to talk to their loved ones about the treatment.
- Discuss whether your client finds their family member's support helpful.
- Ask your client's permission to share information with family members.

THINK ALCOHOL: THINK FAMILY

Alcohol misuse is one of our most challenging problems. It costs the country £21bn per annum.

Anyone who works with the public in health, social care, housing or criminal justice settings should think alcohol when assessing someone.

But alcohol misuse also affects the family…

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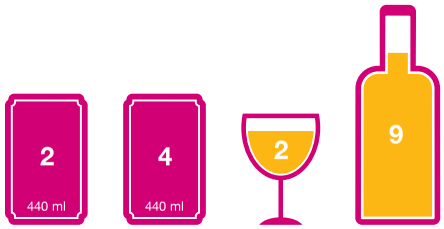
AUDIT TOOL

This is one unit of alcohol…

Half pint of regular beer, lager or cider | 1 small glass of wine | 1 single measure of spirits | 1 small glass of sherry | 1 single measure of aperitifs

…and each of these is more than one unit

Pint of regular beer/ lager/cider | Pint of premium beer/ lager/cider | Alcopop or can/bottle of Regular Lager



Can of Premium Lager or Strong Beer | Can of Super Strength Lager | Glass of wine (175ml) | Bottle of wine

AUDIT	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
SCORE						

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Dependent

RESOURCE 3 ENGAGING MORE DISTANT FAMILY MEMBERS

RATIONALE

When thinking about the family members of problem drinkers it is easy to concentrate on the adult who lives with a problem drinker and is suffering physically, emotionally, socially or financially as a result.

A large group of family members live separately from the drinker but remain concerned about the drinking.

For example, the daughter who lives separately from her problem drinking father, but is still concerned about his health and well-being.

They are an untapped resource who may be able, even to small degrees, to support and motivate people.

THE RESOURCES

- Leaflet aimed at family members not living with the drinker – “Are you worried about a family member who is drinking but who lives away from you?” (1 sheet A4 folded to four sides A5).
- Poster aimed at distant family members (1 page A4 but can be copied to any size).

POTENTIAL USE

The leaflet:

- can be put on local agency websites and can be distributed by specialist and non-specialist services as a leaflet.

The poster:

- can be put up in waiting rooms or consultation rooms in any agency used by the public.

If you want to access more information on helping a problem drinker look at the following resources:

- Adfam (www.adfam.org.uk)
- Al-Anon (www.al-anonuk.org.uk)

Or contact your local alcohol service:

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I HAVE A FAMILY MEMBER WITH AN ALCOHOL PROBLEM BUT I DON'T LIVE WITH THEM...

If this is your situation, you can be an important resource in tackling alcohol related harm.

Some problem drinkers are isolated individuals, but most are not. Most problem drinkers have some family contact. In many cases the family member will live with them, but in even more cases that person lives separately or at a distance e.g.:

- the daughter who lives with her husband and children but is concerned about her drinking father
- the brother who is worried about his drinking sister who lives in another part of the country
- the mother concerned about her drinking son who lives alone across town.

If this is your situation, you can still be an ally in tackling the alcohol problem.

You do not have to turn yourself into a social worker or a therapist. Even if your only contact is by phone or text you can still do something useful.

Just following one of these suggestions could help:

- Express your concern – do not ignore the drinking – but be specific about what is happening. “I am really worried that you are going to trip and injure yourself and no-one will know that you are lying there.”
- Build self-belief. “I believe that you can change your drinking.”
- Send texts or other messages as a reminder that you are interested.
- Offer to accompany them to services.
- Think physical health e.g. have they been checked out by a doctor recently?
- Think safety e.g. do they have a smoke alarm fitted?
- Think harm reduction e.g. are they eating properly?

It is often tempting to challenge and confront – this usually has a negative effect. You can express your concern and highlight how the drinking is damaging them, but confrontation and angry words will usually make it harder for someone to admit they need help.

I HAVE A FAMILY MEMBER WITH AN ALCOHOL PROBLEM BUT I DON'T LIVE WITH THEM… YOU CAN STILL HELP!

Even if your only contact is by phone or text you can do something useful:

- Express your concern - do not ignore the drinking – but be specific about what is happening. "I am really worried that you are going to trip and injure yourself and no-one will know that you are lying there."
- Build self-belief. "I believe that you can change your drinking."
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- Think harm reduction e.g. are they eating properly?

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RESOURCE 4 INFORMATION FOR FAMILIES ABOUT THE PHYSICAL EFFECTS OF ALCOHOL

RATIONALE

Problem drinkers are at risk of serious health harms. This is not only a risk for the drinker but could also impact on the family:

- less healthy drinkers may find it harder to attend services or make changes
- as health declines, the family member may take on more caring duties.

The family should always encourage the drinker to have a physical health check with the GP and a dental check. The latter will help identify oral cancer risks and may improve self-confidence in those concerned about bad breath or damaged teeth.

Drinkers may resist this, for fear that they will be told not to drink. Therefore, family members can play a role in identifying more specific health problems as they develop. The 10 things to look out for tool helps family members to identify emerging problems. You can provide this to family members as a prompt, something to be available in the house, or it could actually be used by the family member and the drinker, if the latter is compliant.

THE RESOURCE

One leaflet for family members –10 things to look out for targeting family members.

It consists of:

- An explanatory introduction to alcohol related health problems
- 10 things to look for and explanations about what they mean (1 sheet A3 folded to four sides A4).

POTENTIAL USE

This can be used by both specialist and non-alcohol specialist staff. It can be:

- distributed to family members as appropriate
- a support in other educational initiatives with family members
- placed on the public sections of agency websites.

5 Do they show signs of clumsiness due to numbness or pins and needles in their feet or hands? This may be a sign of peripheral neuropathy. This is a problem with the nerves that carry information to and from the brain and spinal cord. This produces pain, loss of sensation, and inability to control muscles. The pain is sometimes a shooting pain in the arms or legs. This is a largely treatable condition affecting the nerve endings which can be managed with a combination of pain relief, vitamins and abstinence from alcohol. However, it could cause clumsiness and accidents e.g. cigarette burns.

6 Do they have a history of head injuries (including non-alcohol related and as a child)? A history of head injuries can be a precursor to alcohol related brain injury. There is also research suggesting that head injuries in childhood may affect personality traits leading to impulsive behaviours. If the drinker has a previous history of alcohol withdrawal seizures, there is a 10 fold increase in risk of seizure in withdrawal. Alcohol related seizures are not only caused by withdrawal. For example, alcohol consumption can change the chemistry of minerals in the bloodstream or trauma to the head can lead to seizure.

7 Have they gained weight unexpectedly recently? Another symptom of liver disease is ascites. This is fluid that is retained and may be noticeable around the liver, abdomen and ankles. However often smaller amounts are not noticed. Weight gain may be a sign of this. Have they lost weight unexpectedly recently? Weight loss may also be a sign of muscle degeneration or symptom of an underlying medical condition such as severe liver disease.

8 Have you noticed that they bruise more easily than normal? Another symptom of liver disease is bruising caused by not making enough clotting factors in the blood. The bruises may appear without injury or be worse than expected when injury has occurred. Other symptoms include having three or more spider nevi (star-like patterns of burst veins) on the upper body or face or having reddened palms.

9 Are they experiencing or complaining of a severe, dull pain around the top of their stomach that develops suddenly? This may be a sign of acute pancreatitis. Often people experience pain in a different place to that affected - this is often called 'referred' pain. Drinkers sometimes confuse this as stomach ache or back pain.

10 Do you have concerns about their memory? Growing evidence exists about the effects of alcohol on the brain, in particular, the frontal lobes. This can cause not only memory problems but personality changes and poor energy levels. This will impact on accessing treatment services. Memory problems are a prompt about the importance of a balanced diet and, in particular, the need to take vitamin B1 - thiamine.

THE EFFECTS OF ALCOHOL ON THE BODY

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Alcohol can be a very damaging substance. It has a wide range of effects: liver disease, mouth cancers, diabetes, high blood pressure, strokes, heart disease and breast cancer. These are just a few of the impacts. The picture below highlights some of the more obvious effects.

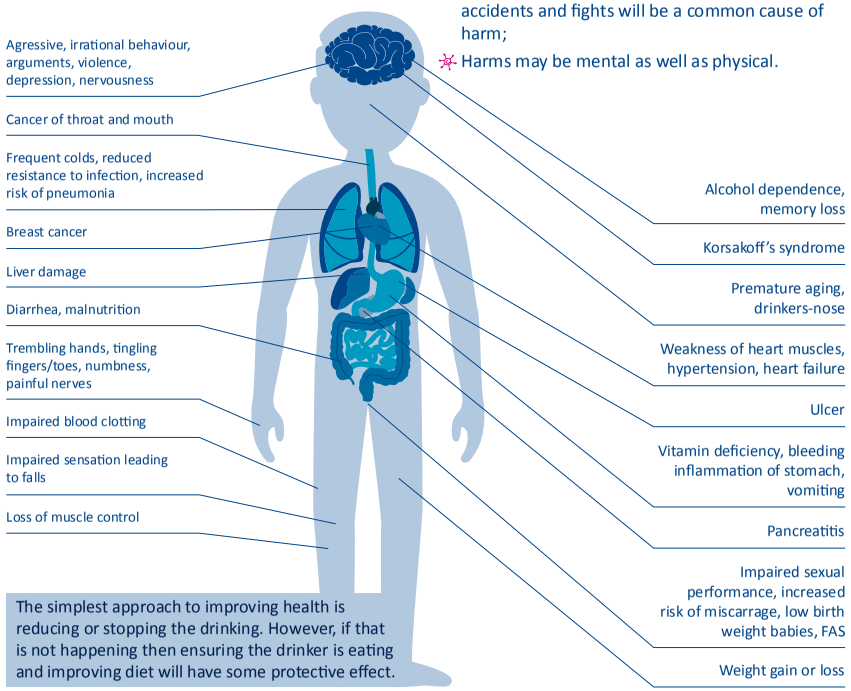
As a family member you are in a position to spot the signs of these conditions before almost anyone else.

However, you will not see peripheral neuropathy; you will see someone who has pins and needles in their fingers and is becoming clumsy. You will not see liver disease: you will be aware of someone complaining about, for example, backache.

To help you identify health problems we have constructed a list of 10 key symptoms that you could be looking out for. You can share this with the drinker or you can just keep it for your own reference.

But don't forget that:

- This is just a sample of the more common health symptoms: there are many others;
- It is not just disease that may affect the body: accidents and fights will be a common cause of harm;
- Harms may be mental as well as physical.

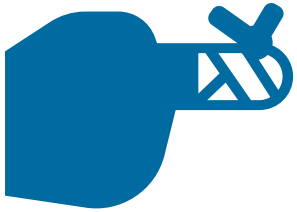


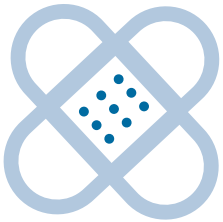
The simplest approach to improving health is reducing or stopping the drinking. However, if that is not happening then ensuring the drinker is eating and improving diet will have some protective effect.

10 THINGS TO LOOK OUT FOR ABOUT A DRINKER'S PHYSICAL HEALTH

Problem drinkers should always be encouraged to have a physical health check with their GP and, possibly, a dental check. The latter will also help identify oral cancer risks.

1 Does the person ever complain of a painful feeling of heaviness or tightness, usually in the centre of their chest, which may spread to the arms, neck, jaw, back or stomach?
2 Have they coughed up blood or had blood in their vomit?
3 Have the whites of their eyes or skin turned yellow?
4 Are they passing blood from their back passage (you might see traces in the toilet or on clothes)?
5 Do they show signs of clumsiness due to numbness or pins and needles in their feet or hands?
6 Have they had a history of head injuries (including non-alcohol related and as a child)?
7 Have they gained or lost weight unexpectedly recently?
8 Have you noticed that they bruise more easily than normal?
9 Are they experiencing or complaining of a severe, dull pain around the top of their stomach that develops suddenly?
10 Do you have concerns about their memory?





WHAT COULD THESE SYMPTOMS MEAN?

1 Does the person ever complain of a painful feeling of heaviness or tightness, usually in the centre of the chest, which may spread to the arms, neck, jaw, back or stomach? These are symptoms of a heart attack. If the answer is "yes" it would be worth asking when they last experienced this and how long did the pain last for. If the symptoms are active this will require an emergency call. Previous symptoms should be discussed with a health care practitioner. Seek urgent medical attention.

2 Have they coughed up blood or had blood (either fresh or altered like coffee grounds) in their vomit? A relatively common gastroenterological reason for alcohol related hospital admissions is called a Mallory-Weiss tear which can occur following prolonged and forceful vomiting, coughing or convulsions. Typically, the mucous membrane at the junction of the oesophagus and the stomach develops lacerations which bleed: evident by bright red blood in vomit, or bloody stools. Large amounts of blood may be due to oesophageal varices (varicose veins that develop in cirrhosis) or ulcers and these need urgent medical attention. The amount and colour of blood (fresh or altered to look like coffee grounds) will be helpful information for a medical practitioner. Seek urgent medical attention.

3 Have the whites of their eyes or skin turned yellow? This indicates alcoholic liver disease. Even in advanced liver disease there may be no symptoms, so these questions are important in picking up potential or actual problems. The speed of noticing the colour change is important as this could be potentially life threatening alcoholic hepatitis. Seek urgent medical attention.

4 Are they passing blood from their back passage (you might see traces in the toilet or on clothes)? An important issue is the colour of the blood. A bleed in the area from the mouth to the stomach can be digested by the stomach. This tends to be black with a consistency of tar. Bright red blood that appears on toilet paper after wiping maybe a symptom of haemorrhoids (piles). Lower bleeds in the bowel will appear 'blood red' or light red. This will also require medical advice as it can be a symptom of other physical disease. The loss of large volumes of blood can indicate complications of liver disease and prompt action will be required. Seek urgent medical attention.

RESOURCE 5 UNDERSTANDING AND SUPPORTING SOMEONE THROUGH DETOXIFICATION

RATIONALE

Detoxification is one of the best known elements of alcohol treatment. However, not every problem drinker needs detoxification; the withdrawal symptoms experienced may vary greatly from relatively mild to potentially life-threatening.

Family members need to be aware of the risks associated with detoxification but also other aspects of the process:

- problem drinkers may be unnecessarily fearful of detoxification
- they may use withdrawal symptoms as an excuse for not changing the drinking
- problem drinkers will need some support during detox.

Family members need to understand the real dangers associated with forcing someone to stop drinking.

Most importantly:

- detoxification is not the end of a process – it is only the first step on the road to recovery.

THE RESOURCES

- One leaflet for family members on understanding alcohol withdrawals and supporting drinkers through detoxification (1 double sided sheet A4).

POTENTIAL USE

This can be used by both specialist and non-alcohol specialist staff. It can be:

- distributed to family members as appropriate
- used to support other educational initiatives with family members
- placed on public sections of agency websites.

UNDERSTANDING ALCOHOL WITHDRAWALS AND DETOXIFICATION

After a long period of heavy drinking – likely to be a number of years, although this can vary – drinkers may become physically dependent on alcohol. If they stop drinking they will have "withdrawal symptoms". Therefore, any problem drinker who is likely to experience withdrawal symptoms should see a doctor or the local alcohol service before stopping.

At the less severe end the withdrawal symptoms are likely to include:

- shakes, sweats, nausea and disturbed sleep.

These are unpleasant but "withdrawal" or "detoxification" from alcohol can be managed at home with support from you as a family member and, probably, benzodiazepine drugs from a doctor. The detoxification will take no more than a week.

However, a small group of dependent drinkers will have more serious, and potentially life-threatening, effects e.g.:

- Delirium
- Hallucinations
- Seizures.

These conditions tend to be experienced by those with longer patterns of drinking and higher levels of physical harm. They will probably need to be managed as a hospital in-patient.

In most cases alcohol detoxification is a safe process. However, it is a serious process and should be approached sensibly:

- You should never impose a forced withdrawal on someone (e.g. locking someone in a room until detoxified). This could be fatal.
- People with a pattern of regular, heavy drinking should always consult a doctor or local alcohol service before stopping.
- Sometimes alcohol services will tell people not to stop drinking until medically supervised. Drinkers may tell their families about this and suggest that it is long-term permission to carry on drinking. It is not. It is simply a sensible precaution prior to a proper detoxification.

But remember:

- Detoxification is not the end of the journey, it is only the beginning.
- Drinkers will need post-detoxification support.
- Do not believe it if a drinker says s/he has no further need for support: *the real challenge is not getting off alcohol but staying off*.

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SUPPORTING SOMEONE THROUGH AN ORGANISED HOME DETOXIFICATION

If your family member is undertaking a home detoxification organised with the support of a doctor or alcohol service, you can help the drinker by understanding what they will experience and providing practical and emotional support:

- The first three days will probably be the worst. The drinker can expect to feel anxious, irritable and restless and may have flu-like symptoms. S/he should not give up; in a few days s/he will feel much better.
- Alcohol has a high sugar content and it is helpful to replace this for the first few days. Drinking fruit juice is the best way to do this.
- Alcohol disturbs natural sleep patterns; people shouldn't worry if they can't sleep or wake after just a few hours – this is quite normal and will right itself after a few weeks. Relaxation exercises, such as deep-breathing or listening to soothing music can help.
- As the days go by, old interests may return. The drinker should be allowed to enjoy them: watch TV, listen to music etc. However, s/he should also try to get some exercise: but only small, achievable objectives.
- Don't let him/her try to do too much e.g. giving up smoking. This should be something tackled at a later date – focus on one thing at a time.
- It is important to allow the drinker to talk about what s/he is experiencing. It is also important to think about your own feelings. You will help by being gently positive and encouraging. It is natural that you feel uncertain that this will work or plain sceptical because detoxes have failed in the past. Expressing this will not help you or the drinker.
- Do not expect the drinker to start tackling all the problems associated with the drinking right away. This will probably set them up to fail. As time goes by s/he will be in a better position to put the problems in the proper perspective and begin to deal with them by, for example, talking to someone at an alcohol service.
- Once the detoxification is over, the now sober drinker should be receiving help from a local alcohol service and/or attending meetings of self-help groups like Alcohol Anonymous or SMART Recovery.
- Never believe someone who tells you that, now they are detoxified, they do not need help. They may feel that way: the detoxification may leave them feeling like they have conquered something. However, they will need support in the future.

Thiamine (vitamin B1) will usually be prescribed to drinkers during detoxification. This is important in addressing alcohol related brain damage. If this does not happen, speak to the doctors involved.

Again remember detoxification is not the end, it is only the beginning of the journey of recovery.

RESOURCE 6 UNDERSTANDING LIVER FUNCTION TESTS

RATIONALE

Liver disease is a hidden illness; it may be symptomless for a long time. Therefore, liver function tests (LFT) are important. However, these tests can be problematic.

LFTs are blood tests that are a useful tool in diagnosing liver damage but they are not as accurate as other more rigorous medical tests. They may indicate that someone is clear of liver damage despite significant levels of drinking. These clear LFT results can be demotivating for drinkers and confusing for family members. They may persuade the drinker that nothing is wrong and undermine the efforts that family may have made to encourage them to talk to a doctor.

This leaflet gives simple advice to family members about the meaning of liver function tests.

THE RESOURCE

- One leaflet for family members and drinkers on understanding liver function test results. It may also be useful information for professionals (1 sheet A4).

POTENTIAL USE

This leaflet will provide information generally. In addition:

- any worker can give this to relevant family members when someone is having a liver function test
- it can go on websites
- it is also likely to be educational for non-specialist and specialist workers.

UNDERSTANDING LIVER FUNCTION TESTS

A liver function test is a blood test for a range of biological measures. It may be suggested by doctors if someone drinks heavily and/or has symptoms of liver damage.

As a family member, you may regard it as a success if a drinker agrees to have a test. You may hope that signs of harm will encourage change. Doctors will view the test as a sensible precaution or as a first step towards medical intervention.

However, you need to be cautious:

- The accuracy of the blood tests vary: some of the blood tests will have an accuracy rate of around 40%.
- The absence of liver damage does not mean that someone does not have a serious alcohol problem.

The risk is that the drinker will have a test which indicates no liver damage. This can be a demotivator and a problem for you as family members. The drinker may say: "See, you are wrong – I don't have an alcohol problem."

It is important not to put too much emphasis on the results of these tests. A clear test means:

- This test did not find any damage – there may still be unidentified damage
- Damage may still develop
- The drinker may have damage, or be at risk of damage, to other organs.

The good news is that if the test does find signs of harm, help can be provided which can address the problem.

Liver function tests are very useful but the results need to be treated with caution.

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RESOURCE 7 IDENTIFYING BARRIERS TO CHANGE

RATIONALE

Many, if not most, problem drinkers appear resistant to change. It is easy to assume that the person does not "want" to change or is "in denial". The situation is rarely that simple. Although they may find this hard to admit to a family member, many problem drinkers do want to change. However, there may be real barriers:

- They may be too ashamed to ask for help.
- They may not believe they can change because other family members have been problem drinkers or they have been unsuccessful in the past.

For some drinkers, real physiological barriers will impede change. For example:

- Alcohol related brain injury is present in a far greater proportion of drinkers (35% of dependent drinkers) than previously understood.[4]
- Other patterns of head injury may contribute to poor cognitive function.
- Poor nutrition contributes to brain injury but also reduces energy levels.[5]
- Conditions like liver disease can reduce energy.[6]
- Many problem drinkers will be depressed as a result of alcohol's effects.
- They may be adult victims of Foetal Alcohol Syndrome.

The problem is not simply "denial" but the fact that the person faces conditions which make it harder and harder for them to organise and motivate themselves.

Explaining this to family members will help them to understand the situation. It is not simply that the drinker is "weak"; they have real barriers that impede change.

This checklist sets out a series of barriers to change or engagement in treatment for problem drinkers. These do not excuse the drinking or any negative behaviour. However, they may help explain why a drinker is not taking the seemingly obvious step of seeking help. To simply keep pushing away at the drinker without understanding the barriers that are, or they believe to be, in their way is self-defeating.

THE RESOURCE

- A checklist of potential barriers to change (1 sheet A4).

POTENTIAL USE

- Primarily this is a prompt for workers to use in conversation with family members. However, the checklist can be given to family members, if this seems appropriate, to help them better understand their family member's situation.

NB. More information on these barriers can be found in the original Blue Light project manual. http://www.alcoholconcern.org.uk/wp-content/uploads/2015/01/Alcohol-Concern-Blue-Light-Project-Manual.pdf

[4] Wilson K. - Alcohol related brain damage in the 21st century Br J Psychiatry. 2011 Sep;199(3):176-7.

[5] E.g. www.nchpad.org/606/2558/Food~and~Your~Mood~~Nutrition~and~Mental~Health

[6] E.g. www.britishlivertrust.org.uk/liver-information/living-with-liver-disease/looking-after-yourself/

IDENTIFYING BARRIERS TO CHANGE

IS THERE EVIDENCE OF CONDITIONS WHICH DE-MOTIVATE THEM:	
Depression?	
Anxiety disorders, phobias (esp. agoraphobia), panic attacks?	
Physical health problems which impede change e.g. liver problems can reduce energy?	
Poor nutrition – drinking can reduce appetite and poor nutrition can then lead to depression?	

DOES THE DRINKER HAVE CONDITIONS WHICH IMPAIR THEIR THINKING:	
Alcohol related brain injury?	
Other mental disorders e.g. bi-polar disorders or schizophrenia?	
Borderline learning disabilities?	
Foetal Alcohol Syndrome / Foetal Alcohol Spectrum Disorder?	

DOES THE CLIENT:	
Lack self-belief e.g. due to previous lapses and relapses?	
Believe that s/he will always be an “alcoholic” because his/her parents were “alcoholics”?	
Have people who are subverting efforts to change?	
Have literacy or numeracy problems which reduce confidence to change?	
Have mobility problems e.g. nerve damage?	
Have sleep disorders, sleep reversal can be a symptom of liver disease i.e. the person sleeps during the day?	
Have accommodation problems?	
Have previous negative experience with services?	
Have anxieties about how they will appear to others e.g. do they smell or are they dirty?	
Have money worries?	
Have concerns that going into services will affect their benefits?	
Fear change?	

IS THE CLIENT IGNORANT OR ANXIOUS ABOUT ALCOHOL SERVICES:	
Does the drinker believe abstinence is the only option?	
Are they concerned about group-work?	
Are they unable to access services due to transport problems or poor mobility?	
Are there people who have abused them, or who they owe money to etc. in or near the services?	
Are there problems with the timing of the sessions?	

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RESOURCE 8 THINGS TO SAY AND NOT TO SAY FOR FAMILY MEMBERS

RATIONALE

At some point a family member will have to talk to the drinker about what is happening. Workers will need to support the family member to talk about the drinking behaviour in an appropriate manner.

This is not easy. Family members will be experiencing a complex mix of emotions ranging from fury to grief. It is understandable that the family member will want to express these and that they can spill into any conversation. However, they are unlikely to be helpful.

The family members may have been accused of nagging or of being the cause of the drinking. This is not the case and every adult is responsible for their own actions and the consequences. However, some responses are more helpful than others. You may need to help the family member to change their current reactions to the drinking behaviours.

THE RESOURCE

- One leaflet for family members and drinkers – Things to say and not to say (1 sheet A4 folded to four sides A5).

POTENTIAL USE

- Any worker can use this with family members to help structure an intervention.
- It is not intended for public distribution but can be given to specific family members who need this support.

Focus on the behaviour, not the person

- "When you stay out all night drinking, it's hard for me to sleep and the neighbours have mentioned the noise."
- Discuss how you might get back on track if things don't go according to plan.

Ending the conversation

- Summarise what's been said, and what both of you have agreed to do.
- Set timescales for when any change will take place (it might be useful to note this on a calendar or in a diary).

Things not to say

- Threats/ultimatums: "If you don't change, I'll…"
- Bribery: "If you do as I ask, I promise I'll…"
- Unrealistic demands: "You've got to stop drinking now."
- Blaming: "Your drinking is making me do…"
- Lecturing: "Drinking is killing you. You need to stop."
- Focus on past mistakes: "But you promised…"

Remember:

- Stay calm and focus on what you plan to say.
- Be honest and direct – state the issues clearly.
- Be prepared to listen but don't be swayed by emotional appeals.
- Remember that change is a process and things won't get better overnight.
- Praise your loved one for any successes that they have - even a small change is a big step in the right direction.

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TALKING TO A PROBLEM DRINKER: THINGS TO SAY AND NOT TO SAY

It can be hard to know what to say to someone with a drinking problem. When someone doesn't seem to want or be able to reduce their drinking, you can feel hopeless and not know what to do for the best.

You can help by maintaining communication with your loved one.

Here are some tips on how you can make the most of a conversation about change.

This leaflet offers tips and hints on having a positive conversation with a loved one who has an alcohol problem.

What is the problem?

Start by thinking about what behaviours you find particularly difficult. It may be that it's less the drinking that concerns you, but what happens because of it.

- List these behaviours and think about the impact of each one.
- What would you like to happen instead?

Once you've done this you can talk about these changes, rather than focusing on an overwhelming 'stop the drinking' theme that may be unrealistic at this point.

Choose the right time

Change conversations are more beneficial if both parties are relaxed and prepared to listen to the other person.

- Choose a neutral place but think about privacy too.
- Allow enough time for you both to say what you need to.
- Avoid raising issues when either of you is

Plan the conversation

- Write down and practice what you want to say beforehand.
- Focus on just one or two things that you would like to see change.
- Recognise your own negative thoughts and feelings about the drinker.
- Acknowledge that there may be things that the drinker would like to see you change.
- Stick to positive changes that can be made rather than past mistakes.

Conversation starters

- "I'd like to talk to you about how I can help you make the changes that you want to see."
- "I'm worried about you and I need to let you know how I feel."
- "We need to find a way that we can move forward as a family."

Promote belief in change

- "I believe that you can make these changes and I'm here to help you."
- "I know that you're capable of making changes for the better, let's figure out a plan together."

Information

- "It would be great if you would see a doctor, so that you'll know whether there are any health problems."
- "I've found some information about local support that you might find useful. I particularly like the explanation of..."

RESOURCE 9 THINKING ABOUT RISK TO THE FAMILY

RATIONALE

Family members can be at risk in their caring role. They may be specific victims of abuse or they may be at risk from the chaos and disinhibited behaviour associated with drinkers. This latter risk is of especial importance with older parents living with problem drinking adult sons or daughters. Physical frailty may put them at greater risk of harm.

Family members need to be alert to the risks involved in caring; however, it is important to balance making families risk aware and making them unreasonably fearful. As a result, we have not developed a guide for the family. Instead we have provided a checklist for workers to prompt them to explore risks with family members.

It is important to acknowledge child to parent violence involving children both under and 18 who are drinking (or using other substances). This is a growing concern but, as with young carers, is not one that will be dealt with in this guide.

THE RESOURCE

- One checklist for workers – helping family members to think about risk (1 double-sided sheet A4).

POTENTIAL USE

- Any worker can use this with family members to help structure their thinking.
- It is not intended for public distribution.

KEY RISK ASSESSMENT QUESTIONS FOR THE FAMILY OF PROBLEM DRINKERS

CHECKLIST	
Do they recognise that they may be at risk from the drinker's deliberate or accidental actions? • Do they recognise the range of possible risks e.g. violence, abuse, exploitation, fire, floods, etc.? • Do they understand that serious harm can result from drunken accidents as well as deliberate violence? • Do they understand that the risk of discovering a loved one who has collapsed, self-harmed, killed themselves or died as a result of drinking or an accident is significant and traumatic?	
Are they living in a constant/regular state of fear/anxiety? • It is unacceptable for someone to live in a state of fear or anxiety.	
Is their assessment of the risk realistic? • Do they recognise factors that make a situation more dangerous? • Are they at risk from others associated with the drinker? • Do they recognise the impact on other people e.g. children, neighbours? • Do they recognise the impact of other drug use (whether legal or illegal)? • Do they recognise the impact of their own drinking or drug use? • Have they reviewed practical home safety e.g. smoke alarms, trip hazards?	
Do they have any plans to deal with the risk and with risky situations? • Do they recognise that at times withdrawal is safer than confrontation? • Do they know how to access immediate and longer-term support or help? • Would they be willing to call emergency services, especially the police, to their family member and that sometimes this may be the most helpful approach?	

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Do they recognise indicators of developing risk and harm? • e.g. changes in behaviour, decline in mental health, changes in drink of choice, storing up or stopping medication?	
Do they recognise things that trigger riskier situations? • e.g. benefits day, drug use, gambling wins or losses, being with certain people, particular anniversaries, high profile football matches?	
Do they understand the impact of mental health problems? • The combination of alcohol problems and mental disorders increases risk to all parties. Intoxicated individuals are more likely to act on delusions; alcohol will increase depressed moods which lead to suicide etc.	
Are there specific factors which make the family member more vulnerable? • Someone who is frail, low weight, or in ill-health may be more at risk of harm, both deliberate and accidental, from a younger, larger or stronger drunken individual	
Do they recognise that in certain circumstances they may pose a risk to the drinker? • The caring role is stressful and can lead to “carer to cared for” violence (as well as vice versa). • Are they drinking or using drugs?	
Do they understand the physical health risks for the drinker and for themselves? • See resource 4 for physical health risks to the drinker • Is the carer considering / monitoring the impact of the stress of caring on their own health?	

RESOURCE 10 IS THE DRINKER AT RISK?

RATIONALE

Family members will prefer the drinker to make permanent changes to their drinking. However, if change is not taking place you need to help family members think about:

- Keeping the drinker as safe as possible.

The risks and harms they face will be very individual, but it is worth going through this checklist to start people thinking.

THE RESOURCE

One checklist for workers:

- for helping family members to think about risk to the drinker (1 double-sided sheet A4).

POTENTIAL USE

- Any worker can take family members through the tool and think about ways in which the drinker may be at risk.
- This leads on to resource 11 which helps family members think about ways they can reduce harm.
- The checklist can be given to family members as a handout, but it is primarily aimed at use by workers with the family members.
- It is not intended for public distribution.

CHECKLIST OF POTENTIAL RISKS ASSOCIATED WITH DRINKING

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HEALTH	
Are they malnourished or vitamin deficient?	
Is there a risk of hypothermia?	
Is there a risk of sunburn/dehydration from street drinking?	
Are there body fluids in the house?	
Have they had a recent physical and dental health check?	
Have they attempted suicide or have histories of self-harm?	
Is there a smell of urine, faeces or rotten flesh which may indicate serious health problems?	
Are they smoking?	
Is there adequate heating in the home?	
Have you considered their sexual health and contraception needs?	

MEDICATIONS	
Are there dangerous drug combinations?	
Are they hoarding medications which may be a suicide risk?	
Are medications being taken as prescribed?	
Is alcohol reducing the effectiveness of any medication?	
Are other drugs, over-the-counter, 'legal highs' or illicit substances being used?	

DIET	
Are they malnourished?	
Do they eat enough carbohydrate to help break down alcohol?	
Do they keep hydrated?	

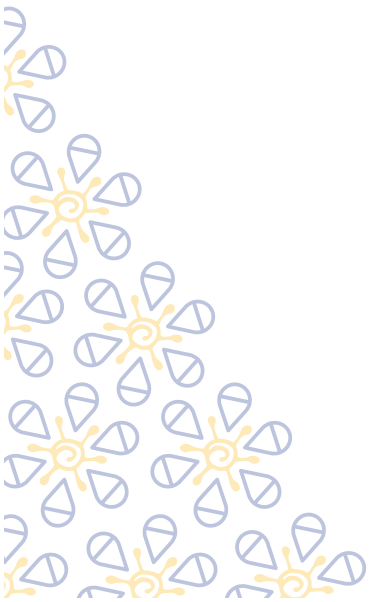
FIRE	
Do they have a smoke alarm fitted?	
Are they cooking in dangerous ways e.g. deep frying when intoxicated?	
Do their heating methods suggest a fire risk?	
Are there cigarette burns on clothes or carpet indicating a fire risk?	
Do they use gas in their house?	
Are they using portable barbeques indoors?	
Are there any other indicators of a fire risk?	

ACCIDENTS	
Are they drinking and driving including on mobility scooters?	
Are they using any other machinery?	
Are they drinking in isolation? Will anyone know if they come to harm?	
Are they drinking in risky locations?	
Are there trip hazards in the house?	
Do they allow baths to overflow or fall asleep in the bath?	
Are there any other environmental hazards such as an unstable television or simply the risks of general clutter?	
Are glasses or bottles littering the home?	

ABUSE AND EXPLOITATION	
Is alcohol safely stored if young people have access to the property e.g. grandchildren?	
Is the drinker at risk of exploitation e.g. for their benefits or sexual exploitation?	
Do they have safe storage facilities for drugs or cash?	
Is their property used by others for drug dealing etc.?	
Is the way they are buying alcohol putting them at risk?	

ANTI-SOCIAL BEHAVIOUR	
Is their noise a nuisance to neighbours?	
Are they a nuisance on public transport?	
Is their disposal of refuse causing nuisance to their neighbours or putting their tenancy under threat?	

OTHER	
Are they responsible for children or grandchildren?	
Do they have any animals under their care?	
Do they lose keys when drunk?	



RESOURCE 11 HOW CAN WE REDUCE HARM?

RATIONALE

Family members will prefer the drinker to make permanent changes to their alcohol use. However, if change is not taking place, you need to help family members think about:

- Reducing harm to keep both the drinker and the family safe.

The harms faced will be very individual but it is worth going through the checklist to start people thinking.

THE RESOURCES

One checklist for workers:

- for helping family members to think about harm reduction techniques (1 double-sided sheet A4).

POTENTIAL USE

- Any worker can take family members through the tool and think about ways of reducing harm.
- The checklist can be given to family members as a handout, but it is primarily aimed at use by workers with the family members.
- It is not intended for public distribution.
- This tool should be used in conjunction with Resource 10.

NB. More information on harm reduction can be found in the original Blue Light project manual.

www.alcoholconcern.org.uk/wp-content/uploads/2015/01/Alcohol-Concern-Blue-Light-Project-Manual.pdf

CHECKLIST OF HARM REDUCTION TECHNIQUES FOR FAMILY MEMBERS

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HEALTH	
Encourage vitamin therapy via the GP or vitamin pills	
Encourage a physical health check	
Ensure that they have a flu jab	
Encourage a visit to the dentist to detect problems such as oral cancers	
Ensure they carry identity, ICE (in case of emergency) details and details of any medical conditions in case of collapse	
Encourage exercise as a way of reducing depression	
Identify ways of improving sleeping patterns	
Encourage a switch to electronic cigarettes to potentially reduce the risk of oral cancers and other tobacco related health problems	
Encourage regular monitoring of blood pressure and weight	

MEDICATION	
Consider a dosette box for medication regimes	
Consider a locked box for specific medications	
Dispose of excess or hoarded medication	
Encourage a TB vaccination, Hep A & B vaccinations	

DIET	
Help the drinker to have a nutritious diet	
Encourage the drinker to change the type of alcohol consumed to a lower strength brand	
Encourage cooking before drinking not the other way around	
Consider a nutritionist referral	
Work to improve cooking skills	
Encourage eating (preferably nutritiously) while drinking	
Encourage drinking water alongside the alcohol	

FIRE SAFETY	
Ensure a smoke alarm is fitted	
Consider whether it is safe for them to use gas	
If smoking, consider using a bucket of sand or water as an ashtray: a bucket is harder to miss than an ashtray	
Reduce the risk of cooking in dangerous ways e.g. by providing a microwave, an electric deep fat fryer or encouraging the use of oven chips	
Review heating methods to reduce any fire risk	
Encourage the use of a timer when cooking	
Have a home fire safety check	

ACCIDENTS	
Try and prevent drinking and driving	
Ensure there are safety catches on high windows to prevent falls	
Prevent the use of any dangerous machinery	
Review and remove trip hazards in the house, e.g. holes in the carpets at the top of stairs, discarded bottles	
Ensure the removal of other environmental hazards such as an unstable television or simply the risks of general clutter	
Provide a key chain or ensure someone else holds keys to a property, so that they can access their home if they lose keys when drunk	
Encourage the use of timers or bath plugs with floats to ensure baths do not run over if the drinker falls asleep	

ABUSE AND EXPLOITATION	
Ensure alcohol and drugs are safely stored if children and young people have access to the property	
Provide a lockable storage box to avoid exploitation or theft	
Ask taxi drivers not to provide alcohol	
Consider whether the drinker is being exploited e.g. younger drug users befriending them and using their property for drug dealing or stealing their benefits	

ANTI-SOCIAL BEHAVIOUR	
If they are playing televisions or stereos loudly and annoying neighbours, consider the use of noise limiting devices on equipment or timers which shut the equipment off if they fall asleep	
Remove animals that are making a noise or making a mess	
If a client is making inappropriate 999 callouts, arrange for emergency service staff to come along and talk about it with them to explain the harm they are causing	

OTHER	
Suggest they take less money when they go out	
Suggest not taking a bank card when they go out	
The family member sends daily text messages or makes phone calls which support and encourage the drinker	
Suggest they keep a drink diary	
Ask them to put empty bottles into a plastic bag, or a bag for each day, so that the number can be monitored	
Remember the importance of a positive attitude: promote self-belief. Change is possible!	

RESOURCE 12 MOTIVATING SOMEONE TO CHANGE THEIR DRINKING

RATIONALE

Workers need to remind family members that the key to motivation is promoting a belief that someone can change. Promoting self-belief is crucial. You will help them believe they can change if you demonstrate that belief yourself.

At times this will be tough – drinkers can seem set on a course that will destroy their lives or the lives of others. However, people do change. Even people who seem to have abandoned all hope of a different life can turn themselves around.

If families do not demonstrate a belief in the possibility of change then it will reinforce a sense of hopelessness in clients. Workers will need to support family members in this.

THE RESOURCE

- One leaflet for family members – Motivating someone to change their drinking (1 sheet A4 folded to four sides A5).

POTENTIAL USE

- Any worker can take family members through the leaflet and think about ways of motivating change.
- The guide can be given to family members as a handout/checklist.

REMEMBER

Remind families that it is not their fault if the drinker does not change.

The Cycle of Change

The diagram below shows the stages that someone goes through when they make a change to their behaviour. Think about what stage your family member is at and how you can support them.

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MOTIVATING SOMEONE TO CHANGE THEIR DRINKING: TIPS AND HINTS

People do change their drinking. It can seem a tough challenge and people do need to make their own choice to change. However, you can help motivate people.

Here are some tips on how you can maximise motivation.

This leaflet offers tips and hints on maximizing motivation in a loved one who has an alcohol problem.

People do change

Many people who experience long-term problems due to alcohol do change their drinking, so remain hopeful. Even people who have apparently been terminally ill have recovered once they change their drinking.

Change is possible

One of the most important factors in whether someone can change is their belief, and the belief of those around them, that change is possible.

You should always express the belief that someone can change. This will help them believe it.

Recognising change

Listen out for 'change talk'. This is talk that indicates that a person is thinking about making some changes. For example, they might say that they are worried about their health or they may ask about treatment options.

You can increase their motivation by:

- Encouraging them to think about the positive things they would get from making a change.
- Reminding them that even a small reduction in their drinking will be a step in the right direction.
- Praising and encouraging their efforts to make changes.
- Acknowledging that they may have fears about reducing their drinking.

Avoid arguing

If the person is resistant to changing their drinking, arguing won't help. You could try encouraging them to see a doctor over health concerns or eating a healthier diet, rather than always bringing the conversation back to alcohol.

Keep up the good work

Change is a process; it doesn't happen overnight. Your loved one may feel overwhelmed by the thought of giving up drinking but you can help them to recognize that small steps along the way add up – remind them of their successes not their failures.

Ask, don't tell

Find out what changes they would like to see – then ask how they could go about achieving them. Remember, changes might be small at first and every success should be built on to increase their motivation:

- How confident are they that if they did make changes, they'd be successful? How can you help them to feel more confident?
- Provide information about the support options available to them.
- Make sure that your own support network is strong.

Be realistic

Be realistic (but hopeful) about what is possible:

- Break down bigger goals into smaller ones.
- Remember that a relapse is common in the change process, help the person to learn how to avoid relapses in future.
- Develop your own coping strategies.

Don't expect that things will go back to how they were before the drinking started – there may be a new 'normal'.

RESOURCE 13 AM I ENABLING MY LOVED ONE TO DRINK?

RATIONALE

In some cases, the family members may be supporting the drinking by providing alcohol or money, for fear that the person will have withdrawals or simply to have a quiet life. Families may intend to help but inadvertently 'support' the drinker and encourage substance use. The following resource sets out some examples.

THE RESOURCES

- One leaflet for family members – am I enabling my loved one to drink? (1 sheet A4 folded to four sides A5).

POTENTIAL USE

- Any worker can take family members through the leaflet and think about whether the family member is enabling the drinker.
- The guide can be given to family members as a handout/checklist.

REMEMBER

Remind families that it is not their fault if the drinker does not change.

Mediation technique

The following technique offers you a way to express how you feel about someone else's behaviour and the impact that it is having. Rather than blaming the other person for the effect that their words or actions have, you can explain how you feel about things and what you would like to be different. The other person can also use this technique.

- When you… (the behaviour that you find difficult).
- I feel… (explain how you feel when the person acts in that way).
- I think… (your thoughts about the behaviour).
- I would like… (how you would like things to change).

Seek help for yourself

You may find it useful to talk through your feelings with a trusted friend, support worker or counselllor. This can help you to identify areas where you could do things differently and areas where your support is beneficial to your loved one.

Remember you can get help from your local alcohol service:

Or Al-Anon (www.al-anonuk.org.uk).

Remember:

It is not your fault if the drinker does not change.

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AM I ENABLING MY LOVED ONE TO DRINK?

Even when you have the best of intentions, sometimes your support may be encouraging the drinker to continue drinking.

It can be hard to know what to do for the best and often people don't realise how they may be supporting drinking behaviour without meaning to.

This leaflet helps you to think about whether anything you do enables a loved one to continue drinking.

Even when you have the best of intentions, sometimes your support may be encouraging the drinker to continue drinking. It can be hard to know what to do for the best and often people don't realise how they may be supporting drinking behaviour without meaning to.

Here are some of the unhelpful things that families do:

Things that enable them to drink

- Buying or fetching alcohol for them.
- Giving them money to buy alcohol.
- Using alcohol with them.
- Not telling them the effect their drinking is having on others.

Things that take away the consequences of their drinking

- Lying or covering up for them.
- Taking over the things that they should be doing for themselves.
- Tolerating difficult or aggressive behaviour.
- Minimising the impact of drinking on you or other family members.

Things that try to force change

- Constantly checking up on them.
- Forcing or coercing them to change.
- Making appointments for them that they have no intention of keeping.
- Offering bribes or threats if they don't change.

How can I stop supporting the drinker to drink?

On the other hand, there are some ways that you can help the drinker to take responsibility for their drinking, so that they understand that they have to make changes in order for things to improve:

- Set boundaries – set limits on what is acceptable behaviour and what is not.
- Stick to your guns – once you have a boundary in place, don't be swayed by your loved one's threats or excuses.
- Don't take responsibility – you are not to blame for someone else's drinking.
- Meet your own needs – by always putting someone else's needs first you reduce your own resources and strengths.
- Encourage your loved one to meet their own needs.

I'm worried about the person I care for

It's natural to be concerned that if you don't help out things will get worse. You may even feel guilty about things you have or haven't done to help the person who drinks. It's also normal to enjoy the feeling of being needed.

Remember that your loved one needs to be able to take responsibility for their own decisions and actions so that they can become stronger and more independent.

What if they don't change?

For someone who has been drinking for a long time, it can be very hard to make changes. It is not your fault if they continue to drink. However, there are things that you can do to help someone to prepare for when change is a realistic option.

RESOURCE 14 THINK ABOUT THE OLDER FAMILY MEMBER

RATIONALE

A stereotype exists of the family member of the drinker as a wife or intimate partner. This seems increasingly unlikely to be the case. In the research for this project we found that 55% of the family members identified were parents of adult drinkers and only one third were intimate partners. Another, much smaller, group were grandparents caring for an adult grandchild. This pattern has been confirmed by conversations with workers in various parts of the country.

The importance of this data is that it underlines the need for the approaches being advocated in this guide. It is probable that parents will find it far harder to disengage from their children than any other family member. The idea of a loving withdrawal, of not supporting the drinker, will be much harder for a parent to implement with their child. Therefore, approaches which support family members to reduce harm to the drinker and increase motivation are of even greater importance.

It will also change the nature of the risk to the family member. Older family members may be far more frail, find it harder to cope with the stress of caring and be more likely to be seriously injured if pushed or hit.

It is important that workers think about the needs of older family members.

THE RESOURCE

- One leaflet targeted at specialist alcohol workers and non-alcohol specialist workers who work in health, social care, criminal justice and housing settings including generic family services (1 sheet A4).

POTENTIAL USE

This resource should be:

- distributed to all workers and discussed at a team meeting/supervision;
- part of worker induction pack.

Specialist services can:

- use the leaflet in training targeting non-specialist staff;
- put the leaflet on their website if they have a section targeting non-specialist staff.

THINKING ABOUT THE NEEDS OF THE OLDER FAMILY MEMBER

A stereotype exists of the family member of the drinker as a wife or intimate partner. This seems increasingly unlikely to be the case. Research by Adfam and Alcohol Concern has found that 55% of family members identified were parents of adult drinkers and only one third were intimate partners. Another, much smaller, group were grandparents caring for an adult grandchild.

This pattern has been confirmed by conversations with workers in various parts of the country. However, local factors such as the price and availability of accommodation and the level of unemployment may bear on this.

- Therefore, it will be useful for alcohol services and services working with families to review what is happening locally.

This group of older family members may have different needs:

- It is probable that parents will find it far harder to disengage from their children than any other family member. The idea of a loving withdrawal, of not supporting the drinker, may be much harder for a parent to implement with their child.
- They may have feelings of guilt: blaming themselves for what has happened to their child.
- Financial problems may be more acute with retired people.

Above all it will change the nature of the risk to the family member:

- Older family members may be far more frail, find it harder to cope with the stress of caring and be more likely to be seriously injured if pushed or hit.

It is important that workers:

- Think about the needs of older family members at both assessment and risk assessment.
- Ensure family members are engaged with appropriate support as soon as possible.
- Support family members to keep themselves safe and reduce harm to the drinker.

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PART 3 THE TRAINING COURSE

TRAINING COURSE
WORKING WITH THE FAMILY OF CHANGE RESISTANT DRINKERS

ONE DAY TRAINING PROGRAMME

ABOUT THIS COURSE

This one day training course has been developed by Alcohol Concern and Adfam to roll out the materials in this toolkit and was run in partner areas in the autumn of 2016. We are making this course available so that local trainers can use it in the future.

EXPECTATIONS

However, there are expectations of those who are delivering it:

- It should be delivered by someone who has experience of training and of working in either alcohol services or alcohol and family services.
- The course should not be changed.
- It should be delivered on a not-for-profit basis.
- Trainers should be clear with participants that they are not representing Alcohol Concern or Adfam.
- The copyright for the materials remains with Alcohol Concern and Adfam.

THE TARGET GROUP

This course is targeted at people who work in:

- generic family services
- non-alcohol specialist settings but who encounter people with alcohol problems in the course of their work, whether this is in health, social care, housing and homelessness services or the criminal justice system.

However, it may also benefit people who work in alcohol services and family alcohol services, particularly new staff.

AIM

Well-supported family members represent a huge untapped resource for promoting change among problem drinkers, including the prevention of health harm. This course will help participants:

- To work more effectively with the family of change resistant drinkers.

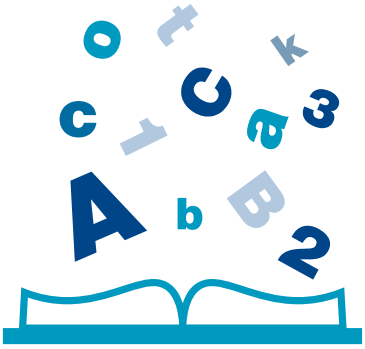
TRAINING OBJECTIVES

By the end of this course participants will:

- understand the need for a greater focus on the family of change resistant drinkers
- be familiar with the tools in the toolkit and how to use them
- understand the range of local alcohol/family services
- have considered how to develop the local response to families of drinkers using these tools.

A NOTE ON TERMINOLOGY

We use the terms families and family members throughout to avoid the more cumbersome families and carers. Nonetheless, this course is targeted at work with family members and informal carers (e.g. friends or neighbours) of problem drinkers.



FULL DAY PROGRAMME

9.45am Arrival/coffee

10.00am **Session 1 – Welcome and introduction**
Introductions
Introduction to the project and the toolkit
Objectives
Ground rules

10.15am **Session 2 – Who are the family members?**
Case study work drawing on participant experience – to highlight who are the family members, their needs and their vulnerabilities/risks
Tutor comments on older and distant family members (Link to Resources 3 and 14)
Group-work, large group discussion, tutor input

11.00am **Session 3 – Think alcohol: think family in action**
The AUDIT tool
Assessment
Persistent and consistent seeking of family involvement
Tutor input
(Link to Resource 2)
Follow up questions

11.15am **Coffee**

11.30am **Session 4 – Understanding the physical and psychological impact of alcohol**
Body exercise to enhance participants' knowledge of the impact of alcohol
Understanding withdrawal
Understanding Liver Function Tests
(Link to Resources 4, 5 and 6)
Group-work and feedback
Tutor input, Q&A

12.15am **Session 5 – Why is the drinker resisting change?**
Understanding barriers to change
Using the barriers to change tool
(Link to Resource 7)
Tutor input, Q&A

12.30am **Lunch**

1.15pm **Session 6 – Talking to and motivating problem drinkers**
Introducing Resources 8 & 12
Case study work to design “interventions”
Group-work, discussion and tutor input

2.00pm **Session 7- Enabling**
Introduction to enabling
Group-work on how a family member might enable the drinker
Feedback
(Link to Resource 13)
Tutor input and discussion

2.30pm **Tea**

2.45pm **Session 8 – Risk to the family member**
Tutor introduction
Group-work to consider how the family member might be at risk
Feedback and discussion
(Link to Resource 9)

3.15pm **Session 9 – Risk and harm reduction with the drinker**
Tutor introduction
Group-work to consider how the drinker might be at risk and the range of harm reduction techniques
Feedback plus tutor input
(Link to Resources 10 and 11)

3.45pm **Session 10 – The local response to family members - What do we need to do differently?**
Tutor input on local services
Group-work around the above question
Feedback and discussion with tutor input

4.20pm **Summary and Evaluation**

4.30pm **Close**

SESSION 1 WELCOME AND INTRODUCTION

TEACHING METHOD:

Tutor input plus participant input and questions

RESOURCES:

PowerPoint Slides 1 – 11

TIMING:

15 minutes

PURPOSE:

- To understand the need for a greater focus on the family members of change resistant drinkers.

PROCESS:

The tutor input will cover:

- Introduction of self and introduction of all participants. (PowerPoint Slide 3)
- Ground rules. (PowerPoint Slide 4)
- Introduction to the guidance and how it is structured. (PowerPoint Slides 5-6)
- The background to the project as per the introductory sections of the guidance document. (PowerPoint Slides 7-11)

SESSION 2 WHO ARE THE FAMILY MEMBERS?

TEACHING METHOD:

Group-work and large group feedback plus tutor input

RESOURCES:

PowerPoint Slides 12-18, Resources 3 and 14, Flipchart Paper and Pens

TIMING:

45 minutes

PURPOSE:

- To develop case studies of family members of change resistant drinkers which can be used as background material for the rest of the day.

PROCESS:

- The tutor introduces the key role that families can have in helping problem drinkers. (PowerPoint Slide 13)
- Participants will be split into groups.
- Each group is asked to identify two cases of families that one or other member of the group has worked with that involve change resistant drinkers.
- They will be asked to work as a group to set down on flipchart paper a description of each family.
- PowerPoint Slide 14 sets out the details required in the client description.
- Once the client case studies have been completed (20 minutes) the tutor will ask the groups to turn back into the large group and each group will feedback their account of one client to the large group. (Undertaking two studies allows for greater discussion). (PowerPoint Slide 15)
- Each client case study offers an opportunity to make comments about the needs of family members and potential approaches to working with them.
- The tutor will emphasise older and distant family members as per Resources 3 and 14. (PowerPoint Slides 16-18)

SESSION 3 THINK ALCOHOL: THINK FAMILY IN ACTION

TEACHING METHOD:

Tutor input and discussion

RESOURCES:

PowerPoint Slides 19-36, (Link to Resource 2)

TIMING:

15 minutes

PURPOSE:

- To understand the importance of consistently and persistently asking about family in assessment and ongoing work
- To understand how to use the AUDIT tool (resource 2)
- To understand how to follow it up with family focused questions (resource 2).

PROCESS:

- The tutor highlights the importance of consistently and persistently asking about family in assessment and ongoing work. As per resource 2. (PowerPoint Slides 20-21)
- The tutor asks the participants to turn to the AUDIT tool and explains how it works and is scored. (PowerPoint Slides 22-29)
- The tutor highlights the follow up questions in resource 2. (PowerPoint Slides 30-33)
- The tutor may choose to mention brief advice and its benefits. (PowerPoint Slides 34-36)

SESSION 4 UNDERSTANDING THE PHYSICAL AND PSYCHOLOGICAL IMPACT OF ALCOHOL

TEACHING METHOD:

Group-work and large group feedback plus tutor input and Q&A

RESOURCES:

PowerPoint Slides 37-46, Flipchart Paper and Pens, (Link to Resources 4, 5 and 6)

TIMING:

45 minutes

PURPOSE:

- To understand the physical and psychological effects of alcohol
- To understand the 10 things to look out for tool (resource 4)
- To understand the importance of family support during alcohol withdrawal (resource 5)
- To understand the importance of information about liver function tests (resource 6).

PROCESS:

- Participants will work in small groups.
- On a sheet of flipchart paper, they will draw a body and then label it with all the physical and psychological effects of alcohol that they can think of. (PowerPoint Slide 38) (10 minutes)
- Participants feedback to the large group.
- The tutor talks through the key physical effects as per resource 4. (PowerPoint Slides 39-40)
- The tutor will highlight the 11 things to look out for tool - resource 4. (PowerPoint Slide 41-42)
- The tutor will highlight the information on alcohol withdrawals - resource 5. (PowerPoint Slides 43-44)
- The tutor will highlight the information on liver function tests - resource 6. (PowerPoint Slides 45-46)

SESSION 5 WHY IS THE DRINKER RESISTING CHANGE?

TEACHING METHOD:

Tutor input and Q&A

RESOURCES:

PowerPoint Slides 47-51, (Link to Resource 7)

TIMING:

15 minutes

PURPOSE:

- To understand that people may resist change for very specific, sometimes physiological reasons (resource 7);
- To be able to talk to family members about barriers to change (resource 7).

PROCESS:

- Tutor input linked to resource 7. (PowerPoint Slides 48-51)
- Q&A

NB. Tutors may also find it helpful to look at the barriers to change section in the original Blue Light project manual.

www.alcoholconcern.org.uk/wp-content/uploads/2015/01/Alcohol-Concern-Blue-Light-Project-Manual.pdf

SESSION 6 TALKING TO AND MOTIVATING PROBLEM DRINKERS

TEACHING METHOD:

Group-work and large group feedback plus tutor input and discussion.

RESOURCES:

PowerPoint Slides 52-55, Flipchart Paper and Pens, Resources 8 and 12, Photocopies of case studies in Appendix 1 (at least one for every two participants).

TIMING:

45 minutes

PURPOSE:

- To understand how family members can talk to a problem drinker in the most constructive way (Resource 8)
- To understand how family members can positively motivate a problem drinker (Resource 12).

PROCESS:

- The participants will work in groups and each group will receive a case study scenario (Appendix 1). They will be asked to write bullet point suggestions for things the family member could constructively say in this setting. (PowerPoint Slide 53) (20 minutes)
- Groups will pass their case studies to another group and the new group will review the material and add further ideas. (10 minutes)
- Feedback will be taken in the large group.
- The tutor will talk through the positive approaches in Resource 8 & 12. (PowerPoint Slides 54-55)

SESSION 7 ENABLING

TEACHING METHOD:

Group-work and large group feedback plus tutor's input and discussion.

RESOURCES:

PowerPoint Slides 56-63, Flipchart Paper and Pens, Resource 13.

TIMING:

30 minutes

PURPOSE:

- To understand how family members may be enabling a drinker to carry on drinking and how to address this in the most constructive way (Resource 13).

PROCESS:

- The tutor will introduce the concept of "enabling". (PowerPoint Slide 57)
- The tutor will lead a large group brainstorm of ways in which family members may enable the drinker. (PowerPoint Slide 58)
- The tutor will compare the answers to those on PowerPoint Slides 59-61.
- The participants will return to groups and each group will be asked to brainstorm ways in which family members may enable drinkers to continue drinking. (PowerPoint Slide 62) (10 minutes)
- The participants will return to the large group and feedback responses.
- The tutor will compare the list to the guidance in Resource 13. (PowerPoint Slide 63)
- Discussion and Q&A.

SESSION 8 RISK TO THE FAMILY MEMBER

TEACHING METHOD:

Group-work, feedback and large group discussion.

RESOURCES:

PowerPoint Slides 64-66, Flipchart Paper and Pens, Resource 9.

TIMING:

30 minutes

PURPOSE:

- To understand the range of ways in which a family member may be at risk from a drinker (Resource 9).

PROCESS:

- The participants will return to groups.
- Each group will brainstorm ways family members may be at risk. (PowerPoint Slide 65) (15 minutes)
- The participants will return to the large group and feedback responses.
- The tutor will compare the list to the guidance in Resource 9. (PowerPoint Slide 66)
- Discussion and Q&A.

SESSION 9 RISK AND HARM REDUCTION WITH THE DRINKER

TEACHING METHOD:

Group-work, Feedback, Tutor Input and Large Group Discussion.

RESOURCES:

Flipchart Paper and Pens, PowerPoint Slide 67-71. (Link to Resources 10 & 11)

TIMING:

30 minutes

PURPOSE:

- To understand how the drinker might be at risk and the range of harm reduction techniques (Resources 10 & 11).

PROCESS:

- The tutor will introduce Resource 10 (PowerPoint Slide 68) and highlight the range of risks associated with problem drinkers.
- The participants will work in groups.
- Each group is given a sheet of flipchart paper. They will brainstorm “harm reduction techniques” that can be used to reduce these risks. (PowerPoint Slide 69)
- Participants return to the large group and feedback.
- The tutor will then talk through the harm reduction techniques in Resource 11. (PowerPoint Slides 70-71)

SESSION 10 THE LOCAL RESPONSE TO FAMILY MEMBERS - WHAT DO WE NEED TO DO DIFFERENTLY?

TEACHING METHOD:

Tutor Input, Group-work, Feedback and Large Group Discussion.

RESOURCES:

Flipchart Paper and Pens, PowerPoint Slides 72-74.

The tutor may also usefully access leaflets, web-links and other information on local alcohol, and alcohol and family, services.

TIMING:

35 minutes

PURPOSE:

- To allow participants to consider how to develop the local response to families of drinkers.

PROCESS:

- The tutor will highlight information about local services, group members may also contribute their knowledge.
- The participants will divide into groups. As far as possible the groupings should be decided by the tutor, with the aim of putting people who work in similar agencies or settings together. For example, if two people come from the same service they could form a pair on their own. Three family workers could similarly form a group. Inevitably there will be some hybrid groupings.
- Each group is given a sheet of flipchart paper. Participants are asked to brainstorm ideas for improving the local approach to the families of problem drinkers. (PowerPoint Slide 73) (15 minutes)
- Each group feeds back to the large group. (PowerPoint Slide 74)
- The tutor will then facilitate a discussion about issues that agencies will need to address on returning to their work settings.
- **The tutor will then take 10 minutes to summarise the day, seek any further questions and distribute and collect the evaluation form (Appendix 2) before closing the session.** (PowerPoint Slide 75)

APPENDIX 1 CASE STUDIES

CASE STUDY 1

Susan is 42 and lives with her husband and two children. Her 67-year-old father lives in his own city centre flat about five miles from her home. He lives alone, is living on his pension and appears to be drinking constantly, as he very rarely leaves home other than to buy more alcohol. He is clearly quite physically unwell but is very resistant to talking to anyone about his health, his drinking or his lifestyle generally.

His flat is grubby and very sparsely furnished. When Susan comes around each week she will do a bit of cleaning and tidying for him. She also takes his washing home and brings it back each week. Her own children don't like going to their grandfather's flat which they say smells, and they don't like it that he is always drunk when they're there.

Susan's own family life is very happy but she is sad that her father is so unwell, that he doesn't have a better relationship with them, and she's scared that he's going to die soon.

CASE STUDY 2

Steve is 32, his wife Jen is 30. Jen has had a long history of emotional and psychological problems. As a teenager she suffered from anorexia and dabbled with various drugs. In her early 20s she met Steve and both of them drank quite heavily as part of their social life. However, while Steve moderated his drinking, Jen's has become steadily heavier. She recently lost a job because of her poor performance and poor timekeeping.

Now that she is at home, she seems to drink most of the day. When challenged about it she becomes very aggressive and calls Steve all sorts of names and can be quite demeaning to him. Steve is very unhappy about his own situation, but is also very concerned about Jen and her mental and physical well-being. She is very slight and, with her history of anorexia, the alcohol seems to be affecting her very badly.

CASE STUDY 3

Mary and Barry are a retired couple in their 60s. Their son Jake is 35. He has lived a very unstable life since leaving university. He has moved from job to job, from relationship to relationship and from flat to flat. It has been clear for some time now that Jake drinks heavily and much of the instability in his life is down to his drinking.

Three months ago after losing a job, breaking up with a girlfriend and consequently finding himself homeless, Jake has returned to live with his parents. In many ways they were happy to have him home. They thought that they could provide him with the stability that he had lacked and offer a base from which he could rebuild his life.

However, it is now clear that Jake's drinking is a far more serious problem than they understood. He wakes up early each morning and goes down to a local corner store and buys a paper, cigarettes and a large bottle of cider.

He spends most of the time in his room smoking, drinking and watching TV. He only comes out if he needs more to drink and then late in the evening to cook himself sausage and chips.

Things have deteriorated because it seems that Jake has been stealing from them. Little bits of money and perhaps one or two items have been taken to be sold. Barry and Mary confronted Jake about this yesterday and about his whole lifestyle. He was very aggressive and, although he didn't use violence, the way he stood, the way his muscles tensed and the way he spoke and even shouted made them feel very unsafe. He threatened to trash the place if they didn't leave him alone.

For the first time last night, they slept with their own bedroom door locked and moved some of their valuables into the bedroom.

CASE STUDY 4

John is 49. He used to work as a sales rep but following a drink drive incident he lost his job. His wife Charlotte has put up with his drinking for many years; previously, the problems have largely been the amount of time and money he spends on drinking and how little he has put back into the family as a result.

Their two children are both now at university and Charlotte is feeling quite isolated. John is still drinking but is now mainly drinking at home. He has never been aggressive; the problem now is that he seems very depressed. When she talks about the drinking he simply says that it's all he has in life now.

APPENDIX 2 EVALUATION SHEET

BLUE LIGHT FAMILY TRAINING

Name (optional):	

	Yes			No		
Will the session enable you to perform your role more effectively?						
	1	2	3	4	5	6
How well did the course enable you to understand the need for a greater focus on the family of change resistant drinkers? (1 = lowest, 6 = highest) Please tick						
How well did the course enable you to be familiar with the tools in the toolkit and how to use them?						
How well did the course enable you to consider how to develop the local response to families of drinkers using these tools?						
How would you rate the overall quality of the session?						
How would you rate the quality of the trainer?						
How would you rate the quality of the course notes?						

What did you find most useful in the session?

What did you find least useful in the session?

What would you like to know more about?

Thank you for completing this evaluation